Application Data Sheet

Application Information Application number:: 01/27/04 Filing Date:: Application Type:: Regular Utility Subject Matter:: Suggested classification:: Suggested Group Art Unit:: CD-ROM or CD-R??:: Number of CD disks:: Number of copies of CDs:: Sequence Submission:: Computer Readable Form (CRF)?:: Number of copies of CRF:: ENTERIC SUSTAINED RELEASE FINE Title:: PARTICLES OF TAMSULOSIN AND ITS SALT AND MANUFACTURING METHOD THEREOF Attorney Docket Number:: 019941-002010US Request for Early Publication:: No Request for Non-Publication:: No 1 Suggested Drawing Figure:: **Total Drawing Sheets:** 1 Small Entity?:: No Latin name:: Variety denomination name:: Petition included?:: No Petition Type:: Licensed US Govt. Agency:: Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Yoji
Middle Name::	
Family Name::	Tanijiri
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of Mailing Address::	
City of Mailing Address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Akira
Middle Name::	
Family Name::	Ito
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of Mailing Address::	
City of Mailing Address::	•

State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Hiroya
Middle Name::	
Family Name::	Sugao
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of Mailing Address::	
City of Mailing Address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Tetsuya
Middle Name::	
Family Name::	Tamura
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of Mailing Address::	

City of Mailing Address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Mare
Middle Name::	
Family Name::	Nishura
Name Suffix::	•
City of Residence::	
State or Province of Residence::	
Country of Residence::	•
Street of Mailing Address::	
City of Mailing Address::	·
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	·
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Shigeru
Middle Name::	
Family Name::	Yamazaki
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence:	

Page 4

Initial 1/27/04

Street of Mailing Address:: City of Mailing Address:: State or Province of mailing address:: Country of mailing address:: Postal or Zip Code of mailing address:: Inventor **Applicant Authority Type:**: US Primary Citizenship Country:: Full Capacity Status:: Given Name:: Takao Middle Name:: Mizumoto Family Name:: Name Suffix:: City of Residence:: State or Province of Residence:: Country of Residence:: Street of Mailing Address:: City of Mailing Address:: State or Province of mailing address:: Country of mailing address::

Correspondence Information

Postal or Zip Code of mailing address::

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Page 5

Domestic Priority Information

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

This application

Non-provisional

60/442,984

01/27/03

Foreign Priority Information

Country::

Application number::

Filing Date::

Assignee Information

Assignee Name::

Yamanouchi Pharmaceutical Co., Ltd.

Street of mailing address::

17-1, Hasune 3-chome, Itabashi-ku

City of mailing address::

Tokyo

State or Province of mailing address::

Country of mailing address::

Japan

Postal or Zip Code of mailing address:: 174-8612